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Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Ein cyf/ Our ref: CHA 18269

Gofynnwch am/Please ask for: Sonja Wright

Rhif Ffôn /Telephone: 01267 239654

Dyddiad/ Date: 30 October 2025

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By email rob.simkins@carerswales.org

Dear Rob,

Re: Track the Act Information Request

Thank you for your letter of 3 September 2025 in respect of the annual Track the Act survey. Please see below our responses to the questions included, as requested.

Section 1: Hospital Admission and Discharge

- a. How do you identify an unpaid carer who is admitted to hospital, and what support exists for the person(s) they care for throughout their admission to hospital?**

Identification: WNCR Carer Support Section

The Welsh Nursing Care Records (WNCR) includes a 'Carer Support' tab; during admission, staff can identify and record the caring responsibilities that a patient has at home. WNCR is an online medical record used across inpatient service areas such as the Frailty ward and an extract of what the recording options look like are provided below.

Do you receive care support?

No

Yes

Do you have carer responsibilities?

No

Yes

Does your admission / condition directly affect care of children / relatives / pets / assistance animals / others?

No

Yes

Do you have any concerns regarding continuity of care for dependents?

No

Yes

Do you manage your household without any help?

No

Yes

Do you live alone?

No

Yes

Who do you live with?

husband

What type of accommodation is it?

495 remaining

house

When you are discharged are you planning to return to your current address?

No

Yes

Save & Next

Complete & Next

A 'What matters to me' open text box is also available on WNCR where a patient's unpaid caring role or concerns about their loved ones at home could be recorded during a conversation with the patient, either on admission or during their stay in the hospital.

The information within the WNCR, such as their unpaid caring responsibility, follows the patient from admission to discharge. However, there is a recognition that many unpaid carers do not always self-identify as 'unpaid carers during their conversation with staff, which may in part be due to the way the WNCR questions are phrased, or that a patient doesn't identify with the label 'unpaid carer'. As a result, it is likely that there may be unpaid carers who may not be identified and supported during their stay in the hospital.

Whilst the WNCR has the capability to record a patient's caring responsibilities, there is an opportunity to influence practice to improve its use so that this information is consistently recorded to help ensure there is effective sharing of information and delivery of appropriate support where needed.

Support:

An example of the support available to unpaid carers is the Carers Hospital Discharge Support Service. The Health Board commissions this service, which is in place across all acute and community hospitals in HDdUHB. The Service, which is delivered by three voluntary sector partner organisations, employs a dedicated Hospital Carer Officer in each hospital to provide carers information and support to staff and unpaid carers when the person they care for is admitted to hospital. When an unpaid carer is identified by staff on the ward, they can refer to the Carer Officer and they will meet with the unpaid carer and initiate a 'What matters to me' conversation to identify how best to provide support, or to signpost to other services in the community which may be able to address the issues which matters most.

The Hospital Carer Officers do not have a permanent base on the premises but have regular presence in the hospitals through drop-in sessions in foyer areas or by visiting the wards, providing opportunities for both formal and informal conversations with staff, patients and their family members/carers. This work is part of the early identification and support agenda, taking advantage of opportunities to identify, record and signpost unpaid carers to relevant help and support.

An increasing number of hospital wards are participating in the Investors in Carers scheme, and as a result of their quality assurance work they develop noticeboards or have supplies of Carers Discharge information packs that can be given to families at any time.

b. How do you make carers in hospital settings aware of what information exists to support them with their caring role?

Carers Hospital Discharge Support Service

HDdUHB aims to take a 'make every contact count' approach in identifying unpaid carers in hospital settings, primarily through the Health Board commissioned Carers Hospital Discharge Support Service. This Service is funded through the Regional Integration Fund and is part of a wider continuum of support for unpaid carers before, during and after hospital discharge of the person they care for. It is specifically designed to aid identification of unpaid carers in hospital settings and contribute to the timely discharge of patients from acute and community hospitals by supporting and involving them in the discharge process.

Each acute and community hospital in HDdUHB has a dedicated Carer Officer, and their role is to raise awareness of what information exists to support unpaid carers with their caring role, but also includes:

- Providing carer awareness, information and support to health and care staff, i.e. ward sisters in Frailty ward, mental health services, and more. This is achieved by attending discharge meetings and holding regular drop-in sessions in hospitals.
- Empowering staff to identify unpaid carers on admission and/or discharge and signpost them to Hospital Carer Officers for support.
- Holding drop -sessions and providing bespoke information and support to both staff, patients, and family members.

Carer Officers are visible in hospital foyers on regular days each month. If a nurse is having a meeting with a family and feel that they could benefit from support, they are referred to the Carers Officers. Posters with the Hospital Carer Officer details are displayed around the hospitals.

To enhance the delivery of the Service, the Health Board developed the Carers Hospital Discharge Support Service video which is available on the Health Board's YouTube channel. This video was developed to support the Health Board's carers awareness campaign and is promoted via social media channels, during staff training and linked to national carer celebration events.

[Carers Hospital Discharge Support Service](#)

Carers Team Awareness Campaigns

The Health Board Carers Team coordinates and promotes a number of initiatives and resources to make staff and unpaid carers in health and carer settings aware of what information exists to support them with their caring role. By arming our members of staff with knowledge and confidence to identify and signpost unpaid carers whenever they make contact with their service, unpaid carers would be able to access the right information and support in a timely manner. Some initiatives carried out by the Health Board Carers Team include:

- Bespoke training e.g. with the Physiotherapy team, palliative care team, Optometry cluster leads.
- Having a dedicated Unpaid Carers page in the Health Board intranet to provide accessible information for staff
- Sharing Carers Information on Teams channels, the Health Board's staff Facebook page and Viva
- Promoting Carers Hospital Discharge Support Service - YouTube video (see above)
- Attending regular Professional Nurse Forums to promote the work of the Carers Officers and other initiatives to support unpaid carers
- Coordinating Carers information stands in all of the hospital sites during Carers Week, Carers Rights day, Staff Awareness events, and more.

This year, the Health Board started work to design and procure pop-up banners to enhance the visibility of our Hospital Carer Officers and the Carers Hospital Discharge Support Service in hospital settings. These banners will allow or facilitate direct referrals of unpaid carers in hospital settings to various local carers support services.

c. When a carer is discharged from hospital, what processes are in place to ensure that the carer is asked whether they are willing and able to provide care?

When a patient with unpaid caring role is identified on admission and recorded on WNCR, health care professionals are expected to consider this patient information throughout the discharge process and identify circumstances including where the patient is no longer able to provide care.

Below is an illustration of the Health Board Discharge Toolkit which explains the processes in place to ensure there is meaningful consultation with patients' families/unpaid carer(s) in discharge planning when a person who has an unpaid carer is ready to be discharged from hospital. Consultation with families includes

discussion about whether the patient is willing and still able to provide care when discharged.

Day 1: Actions for First 24 hours	During Admission	Discharge Planning	Patient Confirmed Clinically Optimised	Day Before Discharge	Day of Discharge
Early and consistent communication regarding discharge planning from admission	Coordination and planning for discharge	Preparing for discharge	Patient ready for discharge	Preparation for discharge	Patient discharged
Coordination of MDT and early discharge planning	Patient discussed at daily board meeting and afternoon huddles	Ensure patient is functionally optimised and / or receiving therapy as required to support discharge planning	Ensure all relevant referrals to social services /therapies made and clear rehabilitation goals in place	Confirm TTOs and discharge letter is completed and checked	Confirm discharge plans with patient and family / carers /placement
Provide patient and family with discharge patient information /unpaid carers leaflet	Red to Green (R2G) days identified and escalated as required	Liase with specialist discharge teams to support complex discharges e.g. Long-Term Care Team, Discharge Liaison Service, Patient Flow Team, Joint Discharge Teams etc	Prepare TTO's in advance of confirmed discharge date (any changes to medications can be easily amended)	Check all referrals have been made e.g. district nurses, continence services, primary care etc	Complete discharge checklist with patient/carer:
Actions to prevent deconditioning, including delirium screening	Early coordination and referrals with MDT to support discharge planning and prevent deconditioning		Confirm with family discharge requirements and ensure patient, family and unpaid carers are aware of discharge plans	If Package of Care is starting, contact care agency to confirm discharge and agreed start date (consider bridging if any likely short-term delays)	1: All medications/dressings /equipment has been provided
Signpost unpaid carers to relevant resources to support discharge planning	Identify Criteria Led Discharge (CLD) and complete relevant CLD documentation	Ensure good communication regarding treatment and discharge planning with patient and family is maintained	Provide patient family/ unpaid carers with resources/information if there are any concerns over discharge e.g. Hospital Carer Discharge Services	If transport is required, confirm booking arrangements and time of planned discharge	2: Check all referrals have been made
Expected Date of Discharge (EDD) set within 24 hours of admission	Early identification of potential discharge barriers e.g. reluctant discharge / housing concerns / packages of care or placements likely to be challenging				3: Confirm start date of any package of care
Identify relevant D2RA Pathway and ensure Frontier is updated daily					
Identify any immediate discharge concerns					

Discharge discussions should be carried out with the patient and their family and are expected to identify any additional needs of the patient and ensure they are actioned appropriately when that person is clinically optimised for discharge. In Carmarthenshire, if an additional care need is identified, a Gateway referral is made and this is triaged by a multi-disciplinary team (MDT), and the person is allocated to a pathway of care appropriate to their need. Board Rounds are also conducted each morning on all wards with a MDT and if it is highlighted that spouses or family members are struggling with a change in the patient's capacity to care then the Discharge team signpost them to the Carer Officer. This ensures that the needs of the unpaid carer are considered, and the Carer Officer can attend discharge planning meetings at the request of the carer and with agreement of the patient, to ensure that their voice and views or concerns are considered. The Carer Officer can also help to connect the unpaid carer with services that are available within the community that will help to address things which are of concern to them and which would increase their confidence to undertake, or continue, with an unpaid caring role without a detrimental impact on their own health and wellbeing.

d. If someone is being discharged with significant and/ or permanent negative changes to their health, what processes are there to discuss this with person(s) perceived to be in a position to support and ask if they are willing and able to provide care for the person moving forward?

As outlined in the question above, opportunities to ensure that the unpaid carer's views and voice are heard in discharge planning is part of the process being implemented. If a patient is being discharged with significant and/ or permanent negative changes to their health, a discharge planning meeting is undertaken to include relevant professionals and the family including the person(s) perceived to be in a position to support the patient at home. This underlines the importance of identifying unpaid carers early in the hospital stay. They have the right to be involved in discharge planning and to make an informed decision about whether they can continue providing care.

If the unpaid carer indicates that they cannot resume their role, the patient's discharge plan may also include nursing needs assessment, mental capacity assessment, referral to social services for a carer needs assessment, consideration of Discharge to Recover then Assess (D2RA) pathways, which may involve temporary care arrangements. Alternative care arrangements such as domiciliary care and residential or nursing care may also be explored.

e. If unpaid carers are identified and involved within discharge planning, how is this communicated to community healthcare and social care providers?

The wards work as a MDT involving partners in social services and community health care. Board rounds are held daily on the ward and are attended by health and social care staff, and the purpose is to agree daily tasks and communicate the estimated date of discharge (EDD).

Hospital Carer Officers do not currently attend daily full MDT meetings due to Information and Governance policy in place; however, they can attend parts, i.e. at the beginning or end of discharge planning meetings to raise awareness of their service and the support they can provide to unpaid carers and accept referrals when consent is given by the patient. MDTs are aware of the Carers Hospital Discharge Support Service and the designated Carer Officer in each hospital and are able to contact them at any time.

f. If any of these processes are not uniform across the health board, please give us the differences and explanations for why there may be differences in approach.

The HDdUHB Hospital Discharge Toolkit applies to all hospitals in Pembrokeshire, Ceredigion and Carmarthenshire, although different localities have slightly different processes for the triage of cases for referrals, based on some variation in social care services within the three local authorities. In Carmarthenshire, there is Intermediate Multi-disciplinary Care Team (ICMDT) which is a single point of access for care. The ICMDT submits an electronic referral online, also known as Gateway referral which is then triaged and allocated to the correct pillar of care required. In Ceredigion and Pembrokeshire, referrals are submitted directly into Social Care services.

Section 2: Provision for carers

a. What specific measures are put in place within your primary, secondary and tertiary settings to support unpaid carers directly? This can be for unpaid carers supporting people in receipt of treatment or for carers who are receiving treatment themselves.

In HDdUHB, there are a number of measures in place to support unpaid carers directly, whether they are supporting people in receipt of treatment or are receiving treatment themselves.

In addition to Carers Hospital Discharge Support Service described earlier in this document, other examples include:

- Community Health Pathways website. In 2024, the Health Board's Carers Team worked with GP Editors to develop a page dedicated to information relating to unpaid carers. The Community Health Pathways is a mobile-friendly platform that can be accessed by Primary Care clinicians, whether they are in a clinic, on

a hospital ward, or out in the community, supporting our clinicians to make decisions, together with patients, at the point of care or during Primary Care consultation. Prompts and information relating to support for unpaid carers e.g. Carers Information, were developed to ensure that clinicians accessing the platform can find concise guidance for assessing and managing a patient need i.e. unpaid caring needs and support.

- Carers information and support services are also available on the Health Board's SharePoint page. A dedicated Carer page has been developed and is continually being monitored by the Carers Team to ensure information and links to services are accurate for Health Board staff who are unpaid carers in their home lives, or who are supporting unpaid carers in their professional roles.
- Carer identification and coding in NHS Wales Primary Care. There are key SNOMED CT Codes for Carers within Primary Care, and these

SNOMED CT Code	Term	Use Case
302767002	Cares for a relative	For carers supporting family members
106330002	Has a carer	To indicate a patient is being cared for

codes are recommended for identifying unpaid carers in GP records:

These codes are part of a broader set of codes used to support carer registers, e.g. contingency planning and vaccination prioritisation. While these Read Codes for unpaid carers are available, the number of unpaid carers recorded on GP systems is significantly lower than the self-declaration rates recorded in the 2021 Census data.

- Community Outreach Discharge Support Services
The Community Outreach Discharge Support Service dovetails the Carers Hospital Discharge Support Service and is part of a wider continuum of support for unpaid carers in the community when the person they care for is admitted to or discharged from hospital. Its objectives are similar to Carers Hospital Discharge Support Service although delivered at community level. It enables unpaid carers in the community to be proactively identified so that information can be shared, and unpaid carers can be involved in admission and discharge planning ensure that their views and needs are met, heard and considered.
- Local Carers Information Services for all ages
In partnership with Carmarthenshire, Ceredigion and Pembrokeshire local authorities the Health Board jointly commissions Carers Information and Outreach services.
- Investors in Carers Scheme
The Health Board coordinates and delivers the Investors in Carers scheme where healthcare settings in primary, secondary and community care can sign-up to a quality assurance and carer awareness scheme. This demonstrates the level at which settings are confidently able to identify and support unpaid carers in a timely manner.

- [Carers Support West Wales | Cymorth Gofalwyr Gorllewin Cymru](#)



Through the Regional Partnership Board's West Wales Carers Development Group, an online one-stop information service for unpaid carers has been developed. This website is hosted by Pembrokeshire Association of Voluntary Services and is continually being promoted through various platforms and settings within primary, secondary community care as well as on local radio stations and in social media.

b. How have you worked with local authorities in your area to provide support for unpaid carers?

There are a number of initiatives and partnerships between the Health Board and local authorities which have resulted in co-ordinated support to unpaid carers.

- **West Wales Carers Development Group (WWCDG)**
The WWCDG is a group that oversees all of the activities that support unpaid carers of all ages in Hywel Dda region. This Group reports directly to the West Wales Regional Partnership Board and leads the development and implementation of the Regional Strategic Plan for Unpaid Carers (2025 – 2030).
- The Health Board jointly commissions a number of services for unpaid carers with our partner local authorities. These include Carers Information and Outreach services with each county, both for adult carers and young carers.
- The Health Board Carers Team attend a number of partnership forums in order to champion the needs of unpaid carers as well as contribute to improved outcomes for unpaid carers. These include:
 - Local carer provider forums
 - Local authority carers steering groups
 - Dementia steering groups
- **Employers for Carers** – a regional steering group between the Health Board, Ceredigion and Pembrokeshire county councils meets to ensure that our joint membership is utilised effectively to identify and support members of staff with a caring role.

Section 3:

a. If you could ask questions to Health Boards relating to unpaid carers in future iterations of Track the Act, what would they be?

- How are you identifying and supporting your employees who have caring responsibilities?

I trust this information is of assistance.

Yours Sincerely



Dr Neil Wooding
Chair



Professor Phil Kloer
Chief Executive